

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320

(916) 322-1584



January 10, 1995

CMSP LETTER 95-1

To: ALL CMSP COUNTY WELFARE DIRECTORS  
ALL EXPEDITED ELIGIBILITY CONTACT PERSONS

Subject: EXPEDITED ELIGIBILITY PROCESS REQUIREMENTS

In a recent letter (CMSP LETTER 94-6, dated November 4, 1994), we provided a basic overview of the County Medical Services Program (CMSP) Medical Case Management Pilot Project which includes an expedited eligibility component. Medical Case Management is a process which coordinates quality care and assures continuity of care for certain hospitalized CMSP beneficiaries suffering from chronic/catastrophic illness or injury, and/or requiring medically extensive services. As an extension of the California Department of Health Services' utilization review function, case management activities link the beneficiary with medically necessary outpatient services to facilitate discharge from the hospital. In addition to the direct benefits to those being case managed, it is anticipated that there will be significant program cost savings as a result of the activity. For these reasons the Small County Advisory Committee approved the pilot project. This letter provides you with detailed information concerning the process, the specific tasks which the "home" County needs to complete as a part of that process, and the forms which will be used. It should be noted that volume of cases to be processed through the expedited process will vary from county to county. The total number of anticipated cases statewide to be evaluated within a full year is 600.

#### EXPEDITED ELIGIBILITY PROCESS

The process will commence when either staff at one of the targeted hospitals or the Medi-Cal Case Manager (MCCM) identifies a case as a candidate for Medical Case Management. If the MCCM after an initial evaluation considers case management appropriate, the MCCM

will contact the Expedited Eligibility Clearinghouse Unit (EECU), located in Sonoma County, which will determine if the individual is currently a CMSP eligible. If the individual is currently eligible, the MCCM and the hospital will be notified and case management activities will commence. If the individual is not currently eligible, the EECU will contact the hospital (contact person) and direct them to assist the individual in the completion of the required forms. Once completed, the forms will be FAXED from the hospital to the EECU which will determine if the individual is eligible. When a decision is reached, the EECU will FAX its decision to the appropriate Home County Contact Person (HCCP). If the individual was determined eligible, the HCCP will be responsible for insuring that a CMSP case is established. Once established, the HCCP will FAX the case number to the EECU (which will pass the information on to the MCCM and the hospital), flag the case for tracking purposes, and schedule a redetermination of CMSP eligibility within 3 months. If the individual is not eligible, the HCCP will insure that the appropriate actions are taken. The entire eligibility process will be completed within 48 hours.

#### SPECIFIC TASKS FOR THE "HOME" COUNTY

Your County has identified an individual to be the Home County Contact Person (HCCP) for this process. This is the person who will be responsible for accepting information and direction from and responding to the EECU. If your County has not designated an HCCP, the County Welfare Director will be considered the HCCP. Beyond the HCCP, the County should determine which individual(s) will actually perform the required tasks listed below in order to insure that the 48 hour completion deadline is met. The HCCP is responsible for insuring that the "HOME" County:

1. Assists the EECU in determining if an active Medi-Cal or CMSP case exists or if a pending CMSP case is being processed in counties where such information is not readily available in a telephone accessible central file index.
2. Receives the FAXED expedited eligibility information from the EECU.
3. Takes the appropriate steps to process an EECU based expedited eligibility denial decision.
4. Evaluates an EECU based expedited eligibility approval decision.

For all EECU based approvals which are considered correct, within 1 working day of notification: establish a CMSP case; assign a case number; create a case file folder; create a MEDS record; process the appropriate Notice of Action; flag the case created for tracking purposes; notify the EECU via FAX the full CMSP case number assigned; insure that a redetermination of eligibility will occur within 3 months of the case establishment; any other actions required by the local County Welfare Department.

6. For EECU based approvals which are considered incorrect, within 1 working day of notification: FAX to the EECU the reason why the approval decision was incorrect; take the appropriate actions to deny the case including issuance of Notice of Action. Please note that override decisions must be based on one of the following where the Home County identifies that: a. a regular CMSP application is in process; b. the individual is not eligible for the full scope of CMSP benefits with no Share of Cost; c. the individual is ineligible based on excess property; d. the individual is currently ineligible due to a previous transfer of assets where there was inadequate consideration received; e. the individual is not a resident of the county.
- 7 For all cases added through the expedited process: monitor the continuing eligibility status of individual's being case managed; report changes in the eligibility status of these individuals to the EECU; initiate the process for performing a redetermination within 3 months of the case being established. The redetermination is to be completed under the local County Welfare Department procedures with the expectation that each case managed individual will apply for Medi-Cal and be evaluated for that eligibility based on disability (DED referral). The results of the redetermination must be reported to the EECU.

#### EXPEDITED ELIGIBILITY FORMS

The forms used in the expedited process include:

SAWS 1  
2 PAGE SHORT FORM CMSP APPLICATION  
CMSP 216  
CMSP 217  
CMSP 1153  
CMSP 13  
DECLARATORY AFFIDAVIT

All CMSP County Welfare Directors  
Page 4

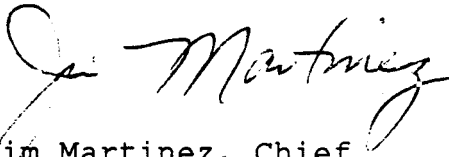
Attached to this letter you will find several items. Attachment 1 provides you with approval and denial notice of action language for use in this pilot project. Attachment 2 contains a copy of the forms which will be used. Attachment 3 is a question and answer summary about the project. Attachment 4 is a flowchart of the entire process.

Sonoma County has designated Ms. Carol Shirrell and Mr. Steve Russell as the staff assigned to the EECU and Ms. Judy MacMaster as their supervisor. The EECU contact phone numbers are intended solely for the use of the HCCP and must not be made generally available. These numbers are:

(707) 527-2420  
(707) 527-2666 (FAX)

By assuming the liability for the decisions reached by the EECU, the SCAC has confirmed its commitment to the pilot project. As a key player in the pilot system, your timely, active participation is critical. If you should have any questions regarding this letter or the project, please contact the Project Coordinator, Mr. Albert Cooper at (916) 322-1615 or via FAX at (916) 322-1533.

Sincerely,

  
Jim Martinez, Chief  
County Medical Services Program

Attachments

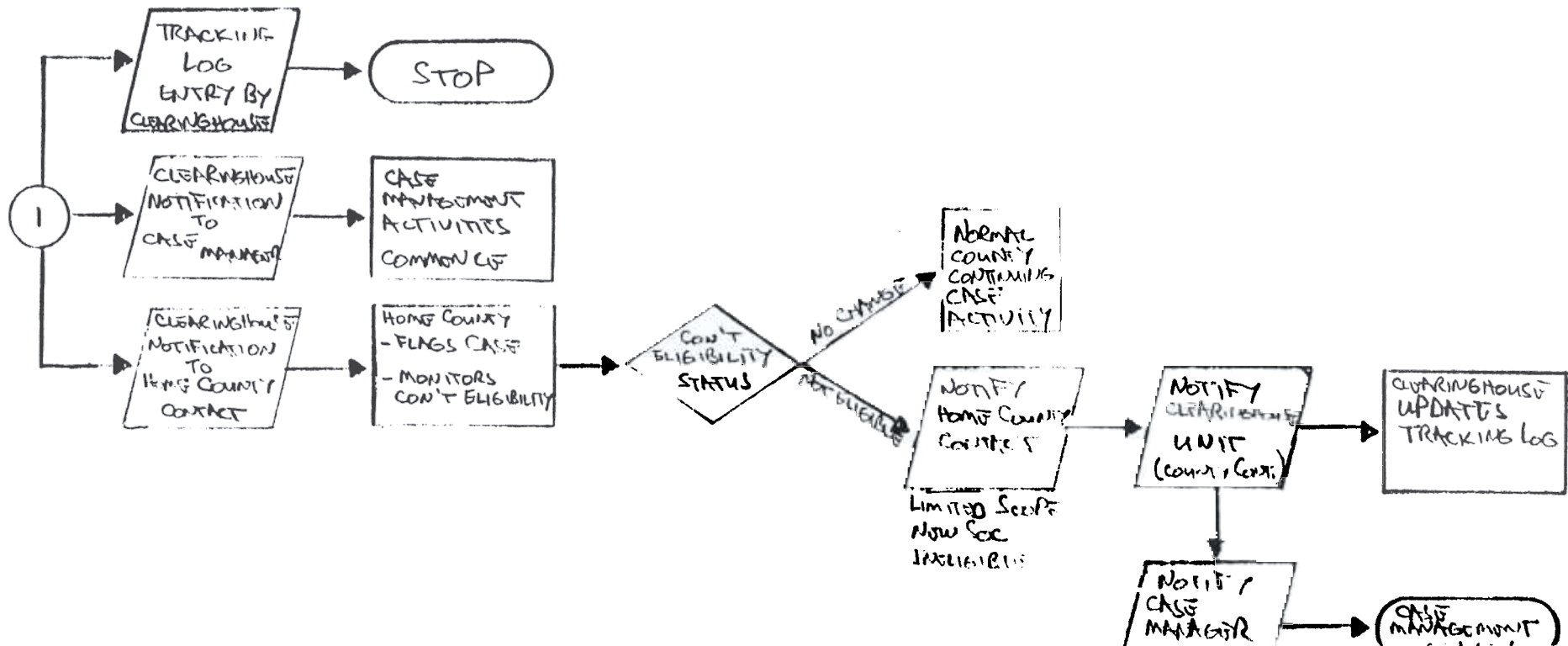
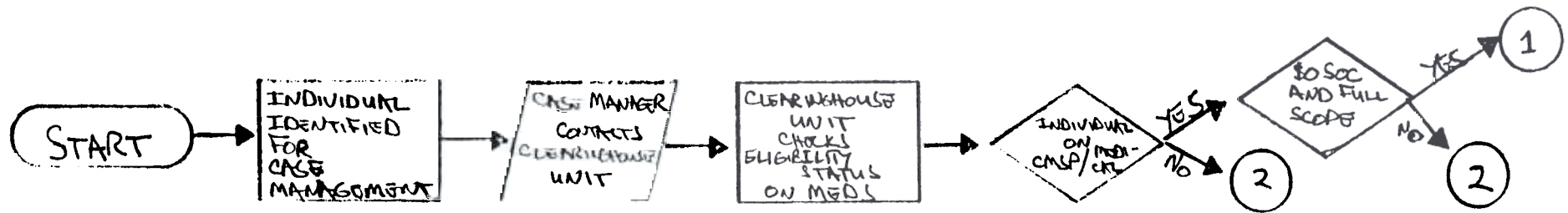
cc: CMSP County Contact Person

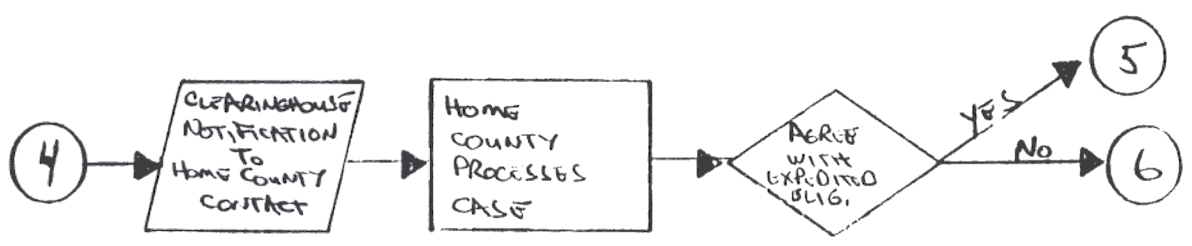
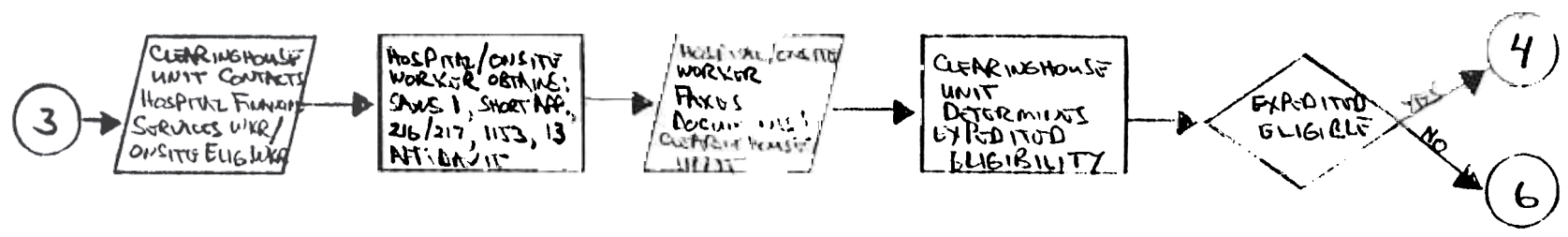
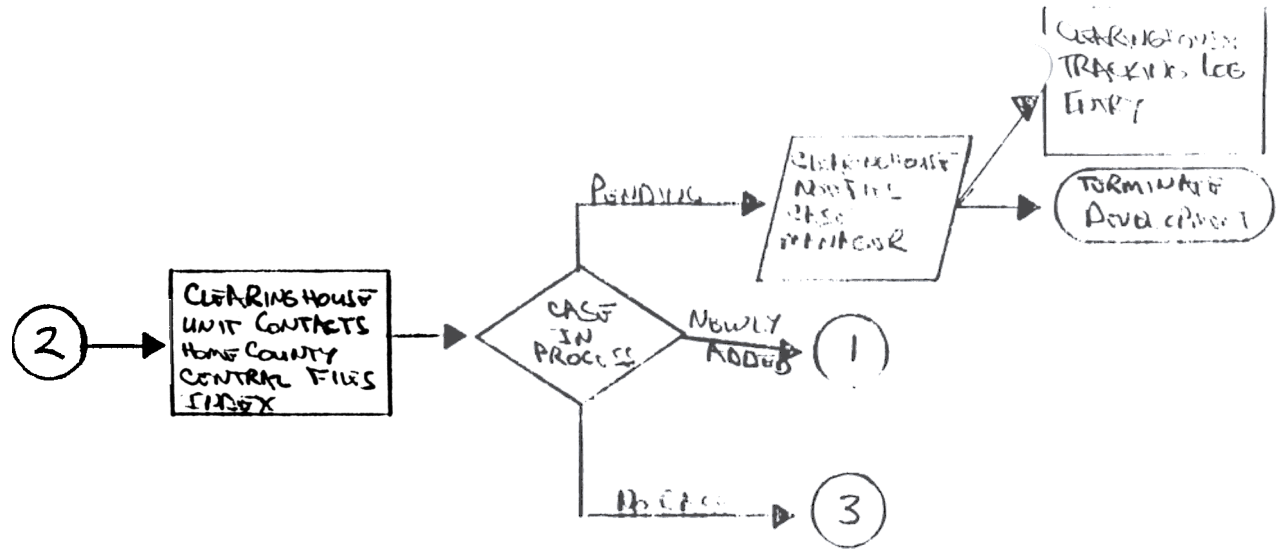
ATTACHMENT 4

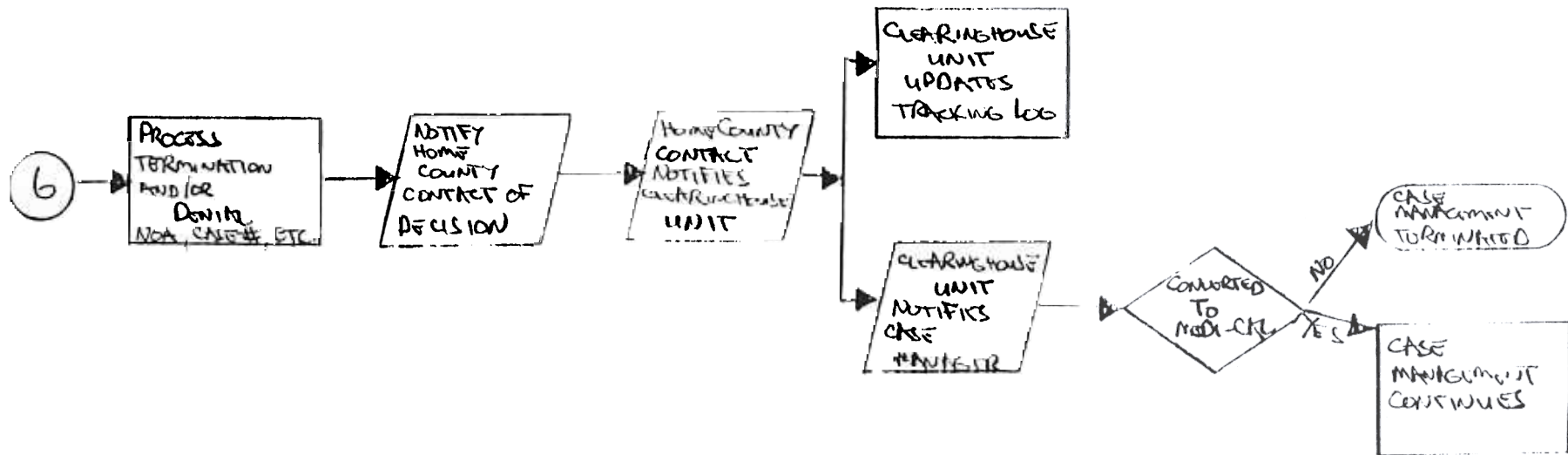
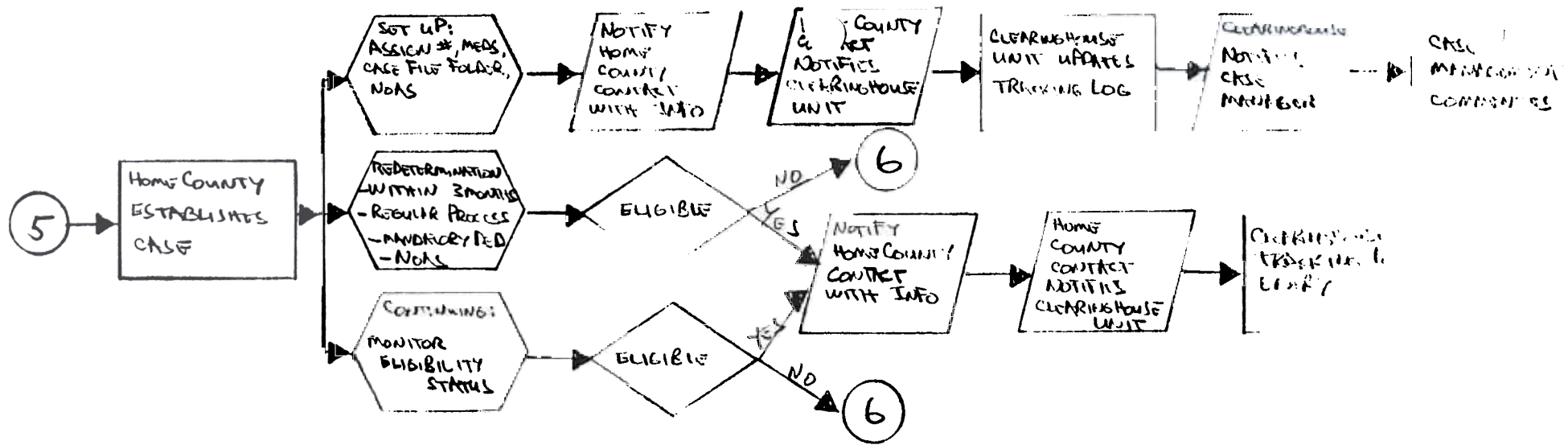
EXPEDITED ELIGIBILITY PROCESS FLOWCHART

# CMSP CASE MANAGEMENT PILOT PROJECT ELIGIBILITY COMPONENT PROCESS FLOWCHART

PAGE 1  
(10/13/94 VERSION)







**ATTACHMENT 3**

**EXPEDITED ELIGIBILITY QUESTIONS AND ANSWERS**

CMSP EXPEDITED ELIGIBILITY  
QUESTIONS AND ANSWERS

1. Q. How many people will be case managed? In which hospitals will the case managers work?

A. Current estimates indicate about 300 per year in the targeted hospitals. Hospitals include: Mt.Diablo (Contra Costa); El Centro Community, Calexico, and Pioneer (Imperial); UCLA Med Center (Los Angeles); Queen of the Valley and St. Helena (Napa); UCD Med Center (Sacramento); Loma Linda (San Bernardino); Donald Sharp,Scripps, UCSD Med Center, Mercy (San Diego); UCSF Med Center and St. Francis Memorial (San Francisco).

2. Q. How many workers will be in the clearinghouse unit?

A. Initially, 2 eligibility workers.

3. Q. Who is liable for eligibility determination decisions reached by the clearinghouse unit?

A. The SCAC Governing Board will assume liability on behalf of all participating counties.

4. Q. Can a home county override a clearinghouse unit eligibility determination (assuming the home county has more complete information)?

A. The Home County may override the clearinghouse unit decision that an individual is eligible in cases where: a regular CMSP application is in process; the individual is not eligible for full scope benefits with no Share of Cost; the individual is ineligible based on excess property; the individual is currently ineligible due to a previous transfer of assets where there was not adequate consideration; the individual is not a resident of the county. THE HOME COUNTY MAY OVERRIDE THE CLEARINGHOUSE UNIT DECISION THAT AN INDIVIDUAL IS INELIGIBLE BASED ON THE EXPEDITED ELIGIBILITY INFORMATION.

5. Q. Will case management continue regardless of the residence of the individual involved or will it continue only if the individual is in their HOME county?

A. Case management should continue as long as the individual remains a CMSP eligible, regardless of where he/she is physically located. The HOME county in these instances would maintain the case UNTIL notified by either the new HOME county or the clearinghouse unit that a new case had been opened. The original and new HOME counties would be responsible for notifying the clearinghouse unit of any such changes.

6. Q. Is their a hierarchy of precedence in situations where a home county has a regular CMSP application in process, and the clearinghouse unit directs the home county to establish eligibility?

A. In situations where a "regular" CMSP application is active, there will be no expedited process. The home county

should immediately notify the clearinghouse unit if a regular application is in process. This policy will be reevaluated once the project has run for 6 months.

7. Q. Who completes the basic application forms for the expedited process?

A. The hospital contact person will assist the patient in the application process if no relatives were available to do so.

8. Q. Will an individual determined eligible under the expedited eligibility process receive a CMSP card?

A. Yes, the card will be mailed to the home address of this individual.

9. Q. If an individual is placed on the CMSP through the expedited process, and then experiences a fatal eligibility condition (i.e. loses citizenship, declares residency in an MISP county, converts to Medi-Cal, etc.) who is responsible for change notification and or case processing? How is this accomplished?

A. The HOME county would bear this responsibility and would use the "regular" CMSP case termination process.

10. Q. What happens if the client in the home county redetermination process fails to cooperate in the DED process?

A. For this pilot, CMSP eligibility will be terminated for failure to cooperate.

11. Q. Who will assist the client in completing the DED paperwork necessary to complete the referral process? How will this be done if the client is in one county and the information is in the home county?

A. Relatives, friends. The contact person and/or the case manger could help facilitate the retrieval of necessary medical information with the proper authorization documents.

12. Q. Will the case managers be aware of the Medi-Cal Presumptive Disability criteria? Will they alert the clearinghouse unit when they encounter them?

A. YES. YES.

13. Q. Will an individual's CMSP eligibility status (i.e. eligible for full scope of benefits vs limited scope of benefits) affect the case management process? If so will this information be passed to the case manager?

A. Yes. Only those individuals eligible for full scope of benefits will be case managed. The Home County Contact Person will pass this information to the clearinghouse unit.

14. Q. If an individual who was first on CMSP based on the expedited eligibility process, then later placed on Medi-Cal, but who then loses Medi-Cal eligibility STILL case managed? How will notification of these changes occur?

A. In this situation case management will cease when Medi-Cal eligibility terminates. The individual must reapply for CMSP via

the regular application process.

15. Q. Are individuals determined eligible with a Share of Cost case managed? Individual's with other health coverage?

A. Persons with a Share of Cost are not case managed while persons with other health coverage will be.

16. Q. What is required of the HOME county when redetermining eligibility for an expedited eligible?

A. All activities which are required for regular CMSP redeterminations AND the processing of a companion disability based MEDI-CAL application (including a DED referral). These cases are not to be singled out for any "special" handling beyond the 3 month window and the DED process.

ATTACHMENT 1  
NOTICE OF ACTION LANGUAGE

EXPEDITED ELIGIBILITY PROCESS  
SUGGESTED NOA LANGUAGE  
(TO BE USED IN NOAS PRODUCED BY COUNTIES)

GRANTING

WE HAVE REVIEWED THE INFORMATION ABOUT YOUR CIRCUMSTANCES WHICH YOU HAVE PROVIDED AND FOUND THAT YOU ARE ENTITLED TO RECEIVE COUNTY MEDICAL SERVICES PROGRAM (CMSP) BENEFITS BEGINNING THE FIRST DAY OF....ENTER MONTH/YEAR..... . SINCE YOU APPLIED FOR THE CMSP UNDER THE EXPEDITED ELIGIBILITY PROCESS, YOUR CONTINUING ELIGIBILITY WILL BE RE-EVALUATED WITHIN 3 MONTHS BY THE COUNTY.

INITIAL DENIAL..

WE HAVE REVIEWED THE INFORMATION ABOUT YOUR CIRCUMSTANCES WHICH YOU HAVE PROVIDED AND FOUND THAT YOU ARE NOT ELIGIBLE FOR THE COUNTY MEDICAL SERVICES PROGRAM UNDER THE EXPEDITED ELIGIBILITY PROCESS. WE HAVE REACHED THIS CONCLUSION BECAUSE:

- ( ) YOUR INCOME EXCEEDS THE AMOUNT ALLOWED FOR LIVING EXPENSES.
- (    YOU ARE NOT A RESIDENT OF THIS COUNTY.
- (    YOU HAVE AN ACTIVE REGULAR APPLICATION FOR CMSP.
- (    YOU ARE NOT ELIGIBLE FOR THE FULL SCOPE OF CMSP BENEFITS.
- (    YOU HAVE TRANSFERRED PROPERTY WITHOUT RECEIVING ADEQUATE CONSIDERATION IN RETURN.

YOU APPLIED FOR THE CMSP UNDER THE EXPEDITED ELIGIBILITY PROCESS IN ORDER TO PARTICIPATE IN THE MEDICAL CASE MANAGEMENT PILOT PROJECT. THIS DENIAL MEANS THAT YOU WILL NOT BE CASE MANAGED AS A PART OF THE CASE MANAGEMENT PILOT PROJECT.

THIS DENIAL IN NO WAY LIMITS YOUR ABILITY TO APPLY FOR THE REGULAR CMSP PROGRAM, AND HAVE YOUR CIRCUMSTANCES EVALUATED. PLEASE CONTACT YOUR LOCAL COUNTY WELFARE DEPARTMENT IF YOU WISH TO APPLY.

ATTACHMENT 2  
EXPEDITED ELIGIBILITY FORMS

## APPLICATION FOR COUNTY MEDICAL SERVICES PROGRAM (CMSP)

1. NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	CIRCLE SEX F M	COUNTY USE EFFECTIVE DATE
2. LIVING ADDRESS	MAILING ADDRESS (if different)		TELEPHONE NUMBER HOME	Date: _____ Case #: _____

3. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

4. List other family members with whom you live

Name	Birthdate	Social Security Number	Relationship	Circle Sex

Alien#

DL #

Photo ID

Declaration

5. Date of hospital admittance \_\_\_\_\_

Other

] CMSP 13

6. Name of Hospital \_\_\_\_\_

7. Medical need \_\_\_\_\_

8. County of residence \_\_\_\_\_

OTHER HEALTH  
COVERAGE9. Do you have any health insurance which is currently in effect? Yes ☐ No

\* available through a parent, employer, or absent parent which you have not applied for?

\* if your answer is yes to any of the above, please complete the following:

Name of Health Insurance	Person(s) Insured	Premium/How Often Paid
		Monthly <input type="checkbox"/>
		Quarterly <input type="checkbox"/>
		Yearly <input type="checkbox"/>
	Expiration Date: _____	

10. A. Are you working or expecting to work in the next 2 months? Yes ☐ No

If yes, please complete the information below:

SOURCE	AMOUNT	FREQUENCY (Weekly, Monthly)

B. If not currently working: Date last worked \_\_\_\_\_ Date last pay received \_\_\_\_\_

Do you receive any of the following items free or in exchange for work?

\_\_\_\_\_ rent or housing \_\_\_\_\_ utilities \_\_\_\_\_ food \_\_\_\_\_ clothing

2. How much do you pay each month for rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

Have you applied for, do you receive or do you expect to receive any of the following benefits or payments? (check if yes)

<input type="checkbox"/> Social Security Disability or retirement benefits	<input type="checkbox"/> Workman's Compensation
<input type="checkbox"/> SSI/SSP	<input type="checkbox"/> Money from an Insurance settlement or a lawsuit
<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Payment from another County
<input type="checkbox"/> State Disability Insurance	<input type="checkbox"/> General Assistance/General Relief
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Other

If yes, how much have you already received this month? \_\_\_\_\_

How much do you expect to receive in the next 2 months? \_\_\_\_\_

Do you pay child or spousal support? ☐ Yes ☐ Noa. Have you ever been in the U.S. Military service? ☐ Yes ☐ No

. Are you the spouse, parent, or child of a person who has been in the U.S. Military service?

☐ Yes ☐ No

14. Do you have life insurance? If so, company name and address: \_\_\_\_\_

COUNTY USE ONLY

Is your policy whole life or term? \_\_\_\_\_

What is the face value? \_\_\_\_\_ cash surrender value? \_\_\_\_\_

5. List all liquid resources you have, such as cash, checking and savings accounts, stocks, retirement accounts, etc.

Type of Account	Bank	Account Number	Balance

16. Do you have/own a car(s) or other motor vehicle(s)? If so, list year and make: \_\_\_\_\_

17. Are you purchasing a home or do you own a home or any other real property?  
If so, please list: \_\_\_\_\_

18. Do you own a boat, jewelry or any other personal property, other than household items?  
If so please list: \_\_\_\_\_

19. Has anyone given away, transferred, sold or traded any money, vehicles, property or other resources like those listed above in the last 30 months? If yes, complete the following:

Item	Date	
		<input type="checkbox"/> Transferred <input type="checkbox"/> Sold
		<input type="checkbox"/> Traded <input type="checkbox"/> Closed
		<input type="checkbox"/> Given Away

**BE SURE YOU HAVE READ EVERY ITEM AND ANSWERED ALL THE QUESTIONS  
READ THE FOLLOWING CAREFULLY**

- I declare under penalty of perjury that the answers I have given are correct and true to the best of my knowledge
- I agree to tell the County Department within 10 days if there are any changes in my (or the person on whose behalf I am acting) income, possessions, or expenses or in the number of persons in the household or of any change of address, and I agree to meet all other responsibilities explained in the "County Medical Services Program(CMSP) Responsibilities Checklist" I have received
- I understand that I may be asked to prove my statement and that my eligibility may be subject to a quality control review
- I understand that the county is required by law to keep all information I provide confidential.

**I REALIZE THAT IF I DELIBERATELY MAKE FALSE STATEMENTS OR WITHHOLD INFORMATION, I (OR THE PERSON ON WHOSE BEHALF I AM ACTING) MAY LOSE MY CMSP CARD AND/OR I CAN BE PROSECUTED FOR FRAUD**

SIGNATURE OF APPLICANT OR PERSON ACTING FOR APPLICANT

DATE:

SIGNATURE OF WITNESS(If APPLICANT SIGNED WITH MARK)

DATE:

SIGNATURE OF PERSON HELPING APPLICANT COMPLETE FORM

ADDRESS

DATE

COUNTY USE ONLY

E.W. SIGNATURE/ DATE

CASE NAME: \_\_\_\_\_  
SSN: \_\_\_\_\_  
RESIDENCE ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
HOSPITAL DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

TO: \_\_\_\_\_ COUNTY

FROM: SONOMA COUNTY CMSP CLEARINGHOUSE  
P.O. Box 1539  
Santa Rosa, CA 95402  
Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

ATTENTION: \_\_\_\_\_

A faxed response is due back at the above number by \_\_\_\_\_  
(Date) \_\_\_\_\_ (Time) \_\_\_\_\_.

- ☐ The above person has been approved for full scope no share of cost expedited eligibility effective \_\_\_\_\_, if you are in agreement with the determination, approval must be within 1 working day and CMSP # supplied to clearinghouse.
- ☐ The above person has applied for full scope, no share of cost expedited eligibility and we are unable to determine eligibility because:
- failed to provide \_\_\_\_\_  
other \_\_\_\_\_

Please proceed with determination through regular process.

- ☐ Case management has ceased.

TO SONOMA COUNTY CLEARINGHOUSE

1. The above case has been processed for full scope, no share of cost expedited eligibility. The CMSP # is \_\_\_\_\_.
2. The above case has been denied full scope, no share of cost eligibility because:
  - ☐ information is known that other persons have linkage to patient
  - ☐ case has been discontinued
  - ☐ case is share of cost
  - ☐ case has converted to Medi-Cal the new # is \_\_\_\_\_
  - ☐ client has moved out of county

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

TO: \_\_\_\_\_ HOSPITAL

FROM: SONOMA COUNTY CMSP CLEARINGHOUSE

We have received notification that \_\_\_\_\_ is an inpatient in your facility and may benefit from CMSP medical case management.

If you wish that an expedited CMSP eligibility determination be completed, please contact the case manager.